

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578672

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15						
16		1				
17						
18		1				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	7	←		←		←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						